



City of Santa Clara

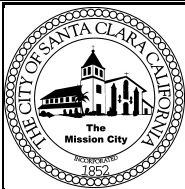
Inspection Division

1500 Warburton Ave.
Santa Clara, CA 95050
Phone: (408) 615-2440
Fax: (408) 241-3823

Requirements for Temporary Occupancy

APPLICATION REQUIREMENTS:

1. Approval of Temporary Occupancy is subject to:
 - A. Final Affidavit from special testing agency (when required by the building permit).
 - B. Approvals from Fire Department, Planning Office, Engineering Department and Health Departments where applicable.
 - C. Restrooms must be operational.
 - D. Ventilation must be operational.
 - E. Electrical system must be operational and safe.
 - F. Parking available.
 - G. Building must have life safety equipment operational; exiting system approved and handicapped provisions completed.
2. **Three (3) sets** of floor plans, showing the footprint of the building or floor to be occupied (8½" x 11" or 11" x 17"), address and permit number(s), must be submitted outlining the specific area to be occupied if partial occupancy is requested. Floor plan to include square footage with a breakdown of occupancy type. When the temporary occupancy inspection is performed, the inspector will initial the plan with his approval. The approved plan is to remain posted until the final inspection is approved.
3. A letter with the following information is required from the applicant:
 - A. Job address and open permit numbers that apply to this request.
 - B. Reason for request (Details of the work left to complete.)
 - C. Time period needed but not to exceed six months.
 - D. Statement that applicant and owner/tenant will make the request for temporary occupancy extension if final occupancy is not obtained by the expiration date. Request is subject to the approval of the Building Official.
 - E. In the case of multi-tenant buildings, it must be understood that the building will remain on temporary occupancy until the entire building is complete and permit is finalized.
4. A letter from the property owner/tenant is required. The letter must contain items A, C and D of step 3 above.
5. Application and inspection fees required (\$300.00 minimum; additional \$80.00 each if plumbing, electrical or mechanical inspections are required).
6. The building will remain on Temporary Electric power until a permanent Certificate of Occupancy is issued.
7. Extension requirements:
 - A. A new application and two letters, one from applicant and one from the owner/tenant, as required in steps 3 and 4 listed above.
 - B. Step 2 as listed above if areas are added or changed.
 - C. Additional fees will be charged if Temporary Occupancy exceeds expiration date.



CITY OF SANTA CLARA
Building Inspection Division
1500 Warburton Ave.
Santa Clara, CA 95050

Inspection Division: (408) 615-2440
Permit Center: (408) 615-2420
Automated Inspection System: (408) 615-2400
Fax: (408) 241-3823

APPLICATION FOR TEMPORARY CERTIFICATE OF OCCUPANCY

Permit Number(s): _____ JOB ADDRESS: _____

Request Temporary Occupancy until: _____

The undersigned hereby applies for Temporary Occupancy of the areas indicated on plans attached for the above address for a period as stated above and subject to the Building Official's approval (not to exceed 180 days), as authorized under Section 309.4 of the Uniform Administrative Code.

The undersigned further acknowledges that unless a written request is made to the Inspection Division by the applicant for extension prior to the expiration date below, this agreement is VOID and applicant is subject to payment of an additional Special Inspection fee for the purpose of determining project status.

Building to remain on temporary electric until a permanent Certificate of Occupancy is issued.

In addition to inspection by Inspection Division to verify safe access and use, Fire Department clearance may be required prior to any occupancy.

Applicant Name (Please print) _____

Title _____

Company Name _____

Telephone Number _____

Company Address _____

Applicant Signature _____

City, State, Zip _____

Date _____

Owner/Tenant Contact Name (Please print) _____

Title _____

Owner/Tenant Name _____

Telephone Number _____

Owner/Tenant Address _____

Owner/Tenant Signature _____

City, State, Zip _____

Date _____

For Office Use Only

Temporary Occupancy Fee		Validation		
Building (SpinB)			Temporary Occupancy Expiration Date:	
Electric (SpinE)				
Plumbing (SpinP)			Approved by:	
Mechanical (SpinM)				
TOTAL			Date:	

Applicant to bring in request letter per I.O.D. #44.